

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017465

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4409

STATE FILE NUMBER

FILED MAY 9 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

D.O.A. City Morgue

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Missouri COUNTY St. Louis (admission)

c. CITY

OR

TOWN

Ladue (24)

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

(If outside, give location)

43 Clermont Lane

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Dr. William

Middle

Joseph

Last

Cannon

4. DATE

OF DEATH

Month

April

Day

20,

Year

1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Jan. 17-1926 37

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Medical Doctor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Louis Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Cecil W. Cannon

13b. MOTHER'S MAIDEN NAME

Margaret Trescott

14. NAME OF HUSBAND OR WIFE

Doris Cannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes Air Force

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Doris Cannon 43 Clermont La.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bilateral Hemorrhage from Multiple lacerations of the

liver. Contributing cause: Myocardial infarction, suffered

and struck falling of express highway about 200

feet on April 20, 1963

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal

disease condition given in PART I (a)

accident 4/20/63

PART III. If deceased was female was

there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF

INJURY

Hour

a.m.

p.m.

Month, Day, Year

4-20-63

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

Highway 20

20f. CITY, TOWN, OR LOCATION

St. Louis, Mo

COUNTY

STATE

21. I attended the deceased from

Death occurred at

to

and last saw him alive on

3:45 p

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor, Corona

22b. ADDRESS

1300 Clark Ave

22c. DATE SIGNED

4-22-63

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Removal

23b. DATE

4-23-1963

23c. NAME OF CEMETERY OR CREMATORY

Elsberry Cemetery

23d. LOCATION (City, town, or county)

Elsberry Missouri.

24. FUNERAL DIRECTOR

ADDRESS

Lupton Chapel Inc. 7233 Delmar Blv

25. DATE RECD. BY LOCAL REG.

APR 22 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

City Coroner will sign certificate

Cannon
City Vice.

JUN 11 1963

JUN 5 1963

MAY - 9 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Clarence H. Murray

Licensed Embalmer No. _____

P. O. Address _____

*to 1010
St. Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.